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Teaching Primary Palliative Care Skills to EM Residents

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no prior experience with tactical medicine. They completed pre- and post-course surveys and the results can be seen in Figure 1. There was a statistically significant improvement in participant self-efficacy in all areas assessed. At the conclusion of the course, participants ranked the experience’s usefulness a 4.79 out of 5 on a Likert scale.

Conclusion: The initial implementation of this curriculum was highly successful. We plan to make feedback-based adjustments to this curriculum as well as develop a second phase of training with more advanced topics.

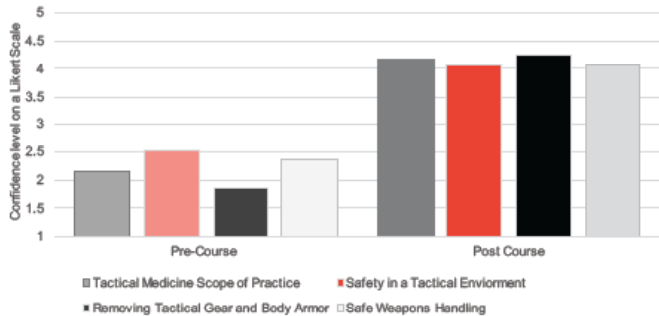


Figure 1. TacMed1: An innovative education program in tactical medicine education. Comparing pre- and post- course confidence of participants in tactical medicine topics.

39 Teaching Primary Palliative Care Skills to EM Residents

Matthew Mason, Frances Rudolf

Background: Having goals of care (GOC) conversations tactfully and efficiently in critically ill patients is an important skill in EM but can be difficult to teach. Using a virtual simulation model, residents can practice these skills a low risk setting.

Objectives: 1. Create virtual simulation curriculum in palliative EM topics. 2. Provide EM residents with case-based practice in GOC conversations and breaking bad news. 3. Give individualized feedback to residents highlighting best-practices.

Curricular Design: We developed three cases that were administered in small group ZOOM breakout rooms. In each cases, a patient arrives to the emergency department critically ill and, during the initial resuscitation, a member of the patient’s family arrives. The resident is instructed to broach GOC or break bad news. Cases were administered by our faculty in the style of oral-boards. Each case included a debrief on a codified approach to broaching GOC, individualized feedback, and discussion time for participants to share their observations.

Impact/Effectiveness: Virtual simulation allows for a low-pressure setting in which to practice the challenging GOC

conversations necessary in critically ill patients in the ED. Residents were introduced to a flexible but formatted approach to these conversations. Our format also allowed residents to build camaraderie seeing peers learn a difficult skill and borrow effective phrases and approaches. The digital format of the intervention allowed for easy implementation and distribution of educational material, as well as greater comfort for residents.

Case 1

Patient Information: 92-year-old female with a history of mild dementia arrives from her SNF with a fever. Mental status A&O x 1, baseline x3.

ED Resuscitation: Code sepsis, fluids, IV antibiotics initiated. Found to have pneumonia with a new oxygen requirement. Patient currently sitting 93% on 15L

YOUR TASK:

1. Patient’s son calls for an update.
2. Address patient’s goals of care and code status with him.

Facilitator Script

Depending on prompting, son reveals the following:

- 92 years old with minimal medical problems, though some mild dementia. Lives in an independent living facility where a CNA checks in on her once a day. Needs some help with organizing her meds and paying bills but can cook, bathe, cloth herself. Friendly and still “sharp as a tack.”
- Derives meaning from puzzles, her grandkids, and reading crime novels. Loves short walks around the neighborhood and family holidays like Thanksgiving.
- Has always said she doesn’t want to be a burden on others and wouldn’t want to her family to have to feed her, bathe her, etc. Does not want to die in a hospital, but has never mentioned her attitude towards ventilators or CPR

Debrief

Rapid Code Status Discussion

1. What does the family member know?
Tell me what you know about what’s happened to your mother today
2. Break the news and establish goals, urgency
I’m afraid I have some bad news, is it alright if I share it with you? Your mother is very ill with pneumonia. It is my hope that she will make a full recovery, but considering how sick she is, we need to work together quickly to decide what to do if she gets worse.
3. Assess patient’s pre-morbid function
Help me understand your mother — what sort of activities was she doing on a daily basis before today? Was she able to feed, bathe, clothe herself? Did she require much help?
4. Assess patient’s values
What things are important to your mother in her life? What does she derive joy from? If she were to get worse, are there things so crucial to her that life would not be worth living if she couldn’t do them?
5. Summarize and Advise

Figure 1. EM SIM 1.18.

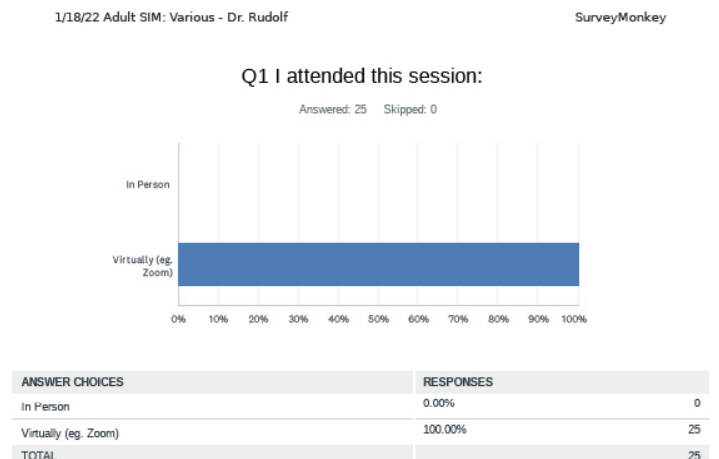


Figure 2.